California
Department of
Health Services

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Director

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CHDP Program Letter No.: 03-07

TO: ALL COUNTY CHILD HEALTH AND DISABILITY PREVENTION (CHDP)
PROGRAM DIRECTORS, DEPUTY DIRECTORS, MEDICAL
CONSULTANTS, STATE CHILDREN'S MEDICAL SERVICES (CMS)
BRANCH STAFF AND REGIONAL OFFICE STAFF

SUBJECT: REVISIONS TO THE CHDP ADMINISTRATIVE FUNDING
METHODOLOGY AND BUDGET FORMAT

The purpose of this CHDP Program Letter is to notify local CHDP Program staff of
changes made in the funding methodology for local CHDP administrative programs.
Instructions for incorporation of these changes into the preparation of local CHDP
Administrative Budgets for Fiscal Year (FY) 2003-2004 are included. Please be aware
the budgets as outlined in these instructions are contingent upon approval of the
funding by the legislature and the Governor in the FY 2003-04 State Budget.

Background

Prior to FY 2003-2004, local CHDP administrative programs received a fixed allocation
of state and federal funding. This was distributed to 61 local programs based on the
estimated target population of children comprised of Medi-Cal beneficiaries under 21
years of age and low-income eligible children under age 19. This methodology did not
adjust for changes in local population demographics.

Development of New Methodology

Implementation of the CHDP Gateway, July 1, 2003, requires a new methodology for
funding the local CHDP administrative programs as the target populations will be
primarily children who are Medi-Cal eligible. To address this need, a workgroup of local
CHDP Program and state staff developed a cost-based methodology for a CHDP
administrative budget that is caseload driven and responsive to future fluctuations in
target populations and changes in the administrative responsibilities of local CHDP

Programs. Local CHDP Program administrative requirements for the Early Periodic Screening Diagnosis and Treatment (EPSDT), Medi-Cal Program and CHDP are in the:

1.   Centers for Medicare and Medicaid Services, State Medicaid Manual, "Part 5, EPSDT" and

2.   California Health and Safety Code, Sections 124025-124110.

CHDP Program caseload data associated with required program activities lay in four major areas:

1.   Informing/linking activities based on the total target population estimate for the current budget FY.

2.   Care coordination activities for the number of screens requiring follow-up as determined by the total health assessments or screens from the prior FY, minus the total screens performed by Medi-Cal Managed Care plans, with a percentage factor applied to the remaining total screens.

3.   Provider orientation and training activities based on the total number of active CHDP providers as of September 2002.

4.   Liaison responsibilities based on the following:

   a)   Type of Medi-Cal Managed Care in the county/city: two-plan model, geographic, or county organized health system.

   b)   Public Health Department programs such as the Supplemental Nutrition Program for Women, Infants, and Children, Immunizations, Childhood Lead Poisoning Prevention, etc.

   c)   Community agencies, such as welfare departments and school programs.

Key personnel classifications fulfill the above CHDP Program responsibilities. Staffing formulas using the caseload factors for each of these components are based on three broad categories of program personnel to perform the program activities:

1.   Ancillary personnel (may be known as community health workers, health aids, etc.)

2.   Health professional (such as health educator, nutritionist, physician); and

3.   Public health Nurse.

The total full-time equivalents (FTEs) for the program activities are the basis for determining the FTEs for CHDP Program supervisory, administrative and information technology support personnel found in program management. The total FTEs for program activities and program management are used to determine the number of clerical personnel found in program support.

FY 2003-2004 is a transitional year in moving towards the staffing needed to perform required CHDP Program activities. Therefore all CHDP Programs will receive an individual letter providing the information on the range of Medi-Cal administrative funding available for FY 2003-2004. The funding range is up to a maximum of 65 percent of the full CHDP Administrative budget for Medi-Cal administrative funds. Specific instructions for applying the range as a percentage to the request for Medi-Cal administrative funding are found in the Budget packet enclosures.

Documents and Data resources needed to complete FY 2003-2004 CHDP Administrative Budget, No County/City/Match

To prepare a local CHDP Administrative Budget, No County/City/Match for Fiscal Year 2003-2004, the following documents are necessary:

1. Staffing Factors (Enclosure A);

2. Worksheet for full-time Equivalent (FTE) Calculations (Enclosure B);

3. Blank Staffing Matrix (Enclosure C);

4. Staffing Matrix–Example (Enclosure D);

5. Staffing Matrix Instructions (Enclosure E);

6. Distribution of State-Only Funds (Enclosure F);

7. CHDP Administrative No County/City Match Budget (Enclosure G);

8. CHDP Administrative Budget No County/City Match Instructions (Enclosure H);

9. CHDP Administrative No County/City Match Budget Summary (Enclosure I); and

10. CHDP Administrative No County/City Match Budget Summary Instructions (Enclosure J).

The formulas to determine personnel for the Administrative budget require use of the following data sources:

1. CHDP Target Population Estimate Fiscal Year 2003-04 (Enclosure K).

2. CHDP Summary of Screens by County/City and Funding Source, Fiscal Year 2001-2002 (Enclosure L).

3. Summary of screens by Medi-Cal Managed Care Plans 2001-2002 (Enclosure M).

4. CHDP Active Providers by County/City as of September 2002 (Enclosure N).

Sources of funding for the CHDP Administrative Budget, No County/City/Match

The CHDP No County/City Match budget continues to have two funding sources:

1. State Only Funds

   Instructions for completing this portion of the budget are found in Enclosure F,

   Distribution of State Only Funds.

2. Medi-Cal Administrative funds

   Instructions for completion of this portion of the budget can be found in Enclosures A, B, C, E, and H. The budget is built on the total FTEs meeting the staffing matrix requirements. However, the Medi-Cal Administrative funding requested for FY 2003-04 will be up to a maximum of 65 percent of the total local CHDP Program budget.

Completing the CHDP Administrative Budget, No County/City/Match

Please use the staffing formulas to prepare your CHDP No County/City Match Administrative Budget for FY 2003-04. Each local CHDP Program must prepare its budget to reflect the total staffing needed for required program activities, program management and program support.

If a local CHDP Program determines that it is necessary to request additional funds for administration of the local CHDP Program above the approved maximum funding range of 65 percent, a CHDP County/City/Federal Match budget may be submitted. The instructions and forms for submission of this budget are located in the CMS Plan and Fiscal Guidelines, Section 6. This county/city matched budget request requires specific

justification for expanding the basic local CHDP Program administrative activities while keeping them in full conformance with the federal EPSDT requirements.

A request for additional funds for CHDP personnel working with social services and probation departments in support of children in out-of-home placement (also known as foster care) is to be submitted as a County/City/Federal Match Budget for the Health Care Program for Children in Foster Care (HCPCFC). Beginning FY 2003-2004, the CHDP County/City /Federal Match Budget may not be used to budget for administrative activities that serve children who are in foster care. Please use the staffing formulas to prepare your CHDP No County/City Match Administrative Budget for FY 2003-04. Each local CHDP Program must prepare its budget to reflect the total staffing needed for required program activities, program management and program support.

Submission of CHDP Administrative Budget-No County/City Match budget for FY 2003-2004:

The budget packet to be submitted to the CMS Branch for approval shall consist of the following:

1. Worksheet for FTE calculations, Enclosure B.

2. Staffing matrix, Enclosure C, which provides the FTEs being put on the Medi-Cal portion of the budget.

3. A CHDP Administrative No County/City Match budget, Enclosure G, with:

    a) 100 percent budget using top step for salary calculations

    b) Percentage of liaison position for the state-only section (refer to Enclosure F)

    c) The percent of funding claimed based on range of funding authorized in individual letter to your program for the Medi-Cal funding portion of the budget.

4. CHDP Administrative Budget No County City Match Summary, Enclosure I

5. Budget documents for the CHDP Administrative Budget No County/City Match budget:

    a) Budget narrative, CMS Plan and Fiscal Guidelines (PFG), pages177-178.

      b)   Job duty statements, PFG, page 35 (NOTE: use the percent calculation developed on the range of funding authorized to your program for the percentage assigned to various duties).

      c)   Incumbent list, PFG, page 35.

      d)   Organizational chart.

The materials enclosed with this Program Letter for the preparation of your CHDP Administrative Budget will be incorporated at a later date into the CMS Plan and Fiscal Guidelines (PFG) as revisions. Local CHDP Programs will find relevant information in the PFG on budget preparation such as budget tips, definitions and guidelines that are applicable in the preparation of the FY 2003-2004 budget.

If you have questions specific to the preparation of your budget and use of the new method for calculating staffing FTEs, please contact your local program's nurse consultant or administrative consultant/analyst. Concerns and issues resulting from changes being made to the CHDP funding methodology should be addressed to your regional nurse and administrative consultants/analysts to ensure quick resolution and minimal delays in budget preparation and submission.

Original Signed by Maridee Gregory, M.D.

Maridee A. Gregory, M.D., Chief
Children's Medical Services Branch

Enclosures

Index of Enclosures

Forms for Completion of CHDP Administrative Budget:

Enclosure A: Staffing Factors

Enclosure B: Worksheet for full-time Equivalent (FTE) Calculations Blank

Enclosure C: Staffing Matrix

Enclosure D: Staffing Matrix – Example

Enclosure E: Saffing Matrix Instructions

Enlosure F: Distribution of State-Only Funds

Enclosure G: CHDP Administrative No County/City Match Budget CHDP

Enclosure H: Administrative Budget No County/City Match Instructions

Enclosure I: CHDP Administrative No County/City Match Budget

Summary

Enclosure J: CHDP Administrative No County/City Match Budget

Summary Instructions

Data Sources to use in preparing CHDP Administrative Budget:

Enclosure K: CHDP Target Population Estimate Fiscal Year 2003-04

Enclosure L: CHDP Summary of Screens by County/City and Funding

Source, Fiscal Year 2001-2002

Enclosure M: Summary of screens by Medi-Cal Managed Care Plans 2001 –

2002

Enclosure N:CHDP Active Providers by County/City as of September 2002

CHDP BUDGET FUNDING
FISCAL YEAR 2003 - 2004
STAFFING FACTORS

PROGRAM ACTIVITIES

INFORMING/LINKING

Ancillary (ANC) Informing/Linking

Required Information
- designated staff = paraprofessionals who possess higher levels of knowledge, problem-solving capabilities, and follow-up skills to dental and hearing issues and assist in interpretation
- total annual target population estimate for CHDP program
  - ➢ varies by county/city
  - ➢ source of data is:
        Budget Year CHDP Target Population Estimate
        column entitled Total Children
  - ➢ location of source of data is:
        Plan and Fiscal Guidelines, Section 4
        CHDP Program
- total number of children within a group to whom an ANC would address = 25 children per group
- total hours that ANC spends addressing each group = 1 hour per group
- total annual work hours per full-time equivalent (FTE) = 2080 hours per year (40 hours per week $\times$ 52 weeks per year = 2080 hours per year); for counties/cities whose official work week may be less than 40 hours per week, make the appropriate adjustment and explain the reasons for the lower hours per week

Basic Formula
	Total annual target population estimate for CHDP program
$\div$	Total children within a group to whom ANC would address
=	Number of groups that ANC addresses each year
$\times$	Total hours that ANC spends addressing each group
=	Total annual hours spent on addressing groups
$\div$	Total annual work hours per FTE
=	Annual FTEs of ANC

Example

XYZ CHDP Program

	Total annual target population estimate for CHDP program	61,769 children
$\div$	Total children within a group to whom ANC would address	$\div$ 25 children/group
=	Number of groups that ANC addresses each year	= 2,471 groups
$\times$	Total hours that ANC spends addressing each group	$\times$ 1 hr/group
=	Total annual hours spent on addressing groups	= 2,471 hours
$\div$	Total annual work hours per FTE	$\div$ 2,080 hrs/FTE
=	Annual FTEs of ANC	= 1.2 FTEs of ANC

PROGRAM ACTIVITIES

Health Professional (HP) Informing/Linking

Required Information
- designated staff = e.g., dental staff, health educators, nutritionists, physicians, public health nurses who meet skilled professional medical personnel (SPMP) qualifications in accordance with Title 42, Code of Federal Regulations (CFR), Chapter IV
- total annual target population estimate for CHDP program
  - ➢ varies by county/city
  - ➢ source of data is:
     Budget Year CHDP Target Population Estimate
     column entitled Total Children
  - ➢ location of source of data is:
     Plan and Fiscal Guidelines, Section 4
     CHDP Program
- total number of children within a group to whom HP would address = 25 children per group
- total hours that HP spends addressing each group = 0.5 hour or 30 minutes per group
- total annual work hours per full-time equivalent (FTE) = 2080 hours per year (40 hours per week $\times$ 52 weeks per year = 2080 hours per year); for counties/cities whose official work week may be less than 40 hours per week, make the appropriate adjustment and explain the reasons for the lower hours per week

Basic Formula

	Total annual target population estimate for CHDP program
$\div$	Total children within a group to whom HP would address
=	Number of groups that HP addresses each year
$\times$	Total hours that HP spends addressing each group
=	Total annual hours spent on addressing groups
$\div$	Total annual work hours per FTE
=	Annual FTEs of HP

Example

XYZ CHDP Program

	Total annual target population estimate for CHDP program	61,769 children
$\div$	Total children within a group to whom HP would address	$\div$ 25 children/group
=	Number of groups that HP addresses each year	= 2,471 groups
$\times$	Total hours that HP spends addressing each group	$\times$ 0.5 hr/group
=	Total annual hours spent on addressing groups	= 1,236 hours
$\div$	Total annual work hours per FTE	$\div$ 2,080 hrs/FTE
=	Annual FTEs of HP	= 0.6 FTEs of HP

Public Health Nurse Informing/Linking

To be determined by each county/city's needs as calculated in the Health Professional category.

PROGRAM ACTIVITIES

CARE COORDINATION

Public Health Nurse (PHN) Care Coordination

Required Information
- designated staff = public health nurse
- total annual number of screens or health assessments performed
  - ➢ varies by county/city
  - ➢ source of data is:
    Total Assessments by Funding Source (Summary C-1B) for Past Fiscal Year
  - ➢ location of source of data is:
    Plan and Fiscal Guidelines (PFG), Section 4
- total number of screens through Medi-Cal Managed Care Plans (M-C MCPs)
  - ➢ varies by county/city
  - ➢ source of data is:
    Medi-Cal Managed Care Health Assessments by County/City
    for Past Fiscal Year
- count the number of health assessments completed by M-C MCPs in your county/city
- percentage of screens that require follow-up or acuity rate
  - ➢ acuity rate = use 16.5 percent (%) for FY 2003-04 and 18% for FY 2004-05 and thereafter
  - ➢ includes 1.5% for required follow-up with newborn hearing, elevated blood lead levels, California Children's Services (CCS), and self-referrals among others
- total hours that PHN spends performing care coordination activities per counted health assessment = 1 hour
- total annual work hours per full-time equivalent (FTE) = 2080 hours per year (40 hours per week $\times$ 52 weeks per year = 2080 hours per year); for counties/cities whose official work week may be less than 40 hours per week, make the appropriate adjustment and explain the reasons for the lower hours per week

Basic Formula

	Total annual number of screens performed
−	Total screens reported through M-C MCPs *
=	Net total of annual screens performed
$\times$	Percentage (16.5% FY 2003-04; 18% future years) of screens that require follow-up
=	Total of screens requiring follow-up
$\times$	Total hours PHN spends performing care coordination
=	Total annual hours spent on care coordination
$\div$	Total annual work hours per FTE
=	Annual FTEs of PHN

* For counties/cities with M-C MCPs, the total annual number of screens performed must be reduced by the number of screens provided through Medi-Cal plans. If you need help in calculating this proportion or no data are available, contact your Regional Consultant.

PROGRAM ACTIVITIES

Public Health Nurse (PHN) Care Coordination

Example

		XYZ CHDP Program
	Total annual number of screens performed	31,378 screens
−	Total screens reported through M-C MCPs *	− 16,674 screens via M-C MCPs
=	Net total of annual screens performed	= 14,704 screens
×	Percentage (16.5% FY 2003-04; 18% future years) of screens that require follow-up	× 16.5%
=	Total of screens requiring follow-up	= 2,426 screens
×	Total hours PHN spends performing care coordination	× 1 hr/screen
=	Total annual hours spent on care coordination	= 2,426 hours
÷	Total annual work hours per FTE	÷ 2080 hrs/FTE
=	Annual FTEs of PHN	= 1.2 FTEs of PHN

PROGRAM ACTIVITIES

Health Professional (HP) Care Coordination

Required Information
- designated staff = e.g., dental staff, health educators, nutritionists, physicians, public health nurses who meet skilled professional medical personnel (SPMP) qualifications in accordance with Title 42, Code of Federal Regulations (CFR), Chapter IV
- total annual number of screens or health assessments performed
  - ➢ varies by county/city
  - ➢ source of data is:
       Total Assessments by Funding Source (Summary C-1B) for Past Fiscal Year
  - ➢ location of source of data is:
       Plan and Fiscal Guidelines (PFG), Section 4
- total number of screens through M-C MCPs
  - ➢ varies by county/city
  - ➢ source of data is:
       Medi-Cal Managed Care Health Assessments by County/City
       for Past Fiscal Year
- count the number of health assessments completed by M-C MCPs in your county/city
- percentage of screens that require follow-up or acuity rate
  - ➢ acuity rate = use 16.5 percent (%) for FY 2003-04 and 18% for FY 2004-05 and thereafter
  - ➢ includes 1.5% for required follow-up with newborn hearing, elevated blood lead levels, California Children's Services (CCS), and self-referrals among others
- total hours that HP spends performing care coordination = 0.25 hour or 15 minutes per screen
- total annual work hours per full-time equivalent (FTE) = 2080 hours per year (40 hours per week $\times$ 52 weeks per year = 2080 hours per year); for counties/cities whose official work week may be less than 40 hours per week, make the appropriate adjustment and explain the reasons for the lower hours per week

Basic Formula

	Total annual number of screens performed
−	Total screens reported through M-C MCPs *
=	Net total of annual screens performed
×	Percentage (16.5% FY 2003-04; 18% future years) of screens that require follow-up
=	Total of screens requiring follow-up
×	Total hours HP spends performing care coordination
=	Total annual hours spent on screens
÷	Total annual work hours per FTE
=	Annual FTEs of HP

*   For counties/cities with M-C MCPs, the total annual number of screens performed must be reduced by the number of screens provided through Medi-Cal plans. If you need help in calculating this proportion or no data are available, contact your Regional Consultant.

PROGRAM ACTIVITIES

<u>Health Professional (HP) Care Coordination</u>

<u>*Example*</u>

<u>XYZ CHDP Program</u>

	Total annual number of screens performed	31,378 screens
−	Total screens reported through M-C MCPs *	− 16,674 screens via M-C MCPs
=	Net total of annual screens performed	= 14,704 screens
−	Percentage (16.5% FY 2003-04; 18% future years) of screens that require follow-up	× 16.5%
=	Total of screens requiring follow-up	= 2,426 screens
×	Total hours HP spends performing care coordination	× 0.25 hr/screen
=	Total annual hours spent on care coordination	= 607 hours
÷	Total annual work hours per FTE	÷ 2080 hrs/FTE
=	Annual FTEs of HP	= 0.3 FTE of HP

For Care Coordination, the combined total of FTEs for HP and ANC may be redistributed based upon the needs of the individual county/city and the explanation for the FTE redistribution.

PROGRAM ACTIVITIES

Ancillary (ANC) Care Coordination

Required Information
- designated staff = paraprofessionals who possess higher levels of knowledge, problem-solving capabilities, and follow-up skills to dental and hearing issues and assist in interpretation
- total annual number of screens or health assessments performed
  - ➤ varies by county/city
  - ➤ source of data is:
    - Total Assessments by Funding Source (Summary C-1B) for Past Fiscal Year
  - ➤ location of source of data is:
    - Plan and Fiscal Guidelines (PFG), Section 4
- total number of screens through M-C MCPs
  - ➤ varies by county/city
  - ➤ source of data is:
    - Medi-Cal Managed Care Health Assessments by County/City
    - for Past Fiscal Year
- count the number of health assessments completed by M-C MCPs in your county/city
- percentage of screens that require follow-up or acuity rate
  - ➤ acuity rate = use 16.5 percent (%) for FY 2003-04 and 18% for FY 2004-05 and thereafter
  - ➤ includes 1.5% for required follow-up with newborn hearing, elevated blood lead levels, California Children's Services (CCS), and self-referrals among others
- total hours that ANC spends performing care coordination = 45 minutes per screen or 0.75 hour per screen
- total annual work hours per full-time equivalent (FTE) = 2080 hours per year (40 hours per week $\times$ 52 weeks per year = 2080 hours per year); for counties/cities whose official work week may be less than 40 hours per week, make the appropriate adjustment and explain the reasons for the lower hours per week

Basic Formula

Total annual number of screens performed
− Total screens reported through M-C MCPs *
= Net total of annual screens performed
$\times$ Percentage (16.5% FY 2003-2004; 18% future years) of screens that require follow-up
= Total of screens requiring follow-up
$\times$ Total hours ANC spends performing care coordination
= Total annual hours spent on screens
÷ Total annual work hours per FTE
= Annual FTEs of ANC

* For counties/cities with M-C MCPs, the total annual number of screens performed must be reduced by the number of screens provided through Medi-Cal plans. If you need help in calculating this proportion or no data are available, contact your Regional Consultant.

PROGRAM ACTIVITIES

Ancillary (ANC) Care Coordination

Example

	Total annual number of screens performed	31,378 screens
−	Total screens reported through M-C MCPs *	− 16,674 screens via M-C MCPs
=	Net total of annual screens performed	= 14,704 screens
×	Percentage (16.5% FY 2003-2004; 18% future years) of screens that require follow-up	× 16.5%
=	Total of screens requiring follow-up	= 2,426 screens
×	Total hours ANC spends performing care coordination	× 0.75 hr/screen
=	Total annual hours spent on care coordination	= 1,820 hours
÷	Total annual work hours per FTE	÷ 2080 hrs/FTE
=	Annual FTEs of ANC	= 0.9 FTE of ANC

For Care Coordination, the combined total of FTEs for HP and ANC may be redistributed based upon the needs of the individual county/city and the explanation for the FTE redistribution.

PROGRAM ACTIVITIES

PROVIDER ORIENTATION AND TRAINING

Public Health Nurse (PHN) Provider Orientation and Training

Required Information
- designated staff = public health nurse
- total CHDP provider numbers, hereafter referred to as enrolled providers
  - ➤ varies by county/city
  - ➤ source of data is:
        CHDP Active Providers
        County/City by Provider Type as of September of Current Fiscal Year
- total annual hours that PHN spends with each enrolled provider = 52 hours per year
- total annual work hours per full-time equivalent (FTE) = 2080 hours per year (40 hours per week $\times$ 52 weeks per year = 2080 hours per year); for counties/cities whose official work week may be less than 40 hours per week, make the appropriate adjustment and explain the reasons for the lower hours per week

Basic Formula

	Total number of enrolled providers
$\times$	Total annual time PHN spends with each enrolled provider
=	Total annual work hours
$\div$	Total annual work hours per FTE
=	Annual FTEs of PHN

Example

XYZ CHDP Program

	Total number of enrolled providers	96 Providers
$\times$	Total annual time PHN spends with each enrolled provider	$\times$ 52 hrs/yr
=	Total annual work hours	= 4,992 hrs/yr
$\div$	Total annual work hours per FTE	$\div$ 2,080 hrs/FTE
=	Annual FTEs of PHN	= 2.4 FTEs of PHN

PROGRAM ACTIVITIES

Health Professional (HP) Provider Orientation and Training

Required Information
- designated staff = e.g., nutritionists, dental staff, physicians, public health nurses, and health educators who meet skilled professional medical personnel (SPMP) qualifications in accordance with Title 42, Code of Federal Regulations (CFR), Chapter IV
- total number of providers, hereafter referred to as enrolled providers
  - varies by county/city
  - source of data is:
    CHDP Active Providers
    County/City by Provider Type as of September of Current Fiscal Year
- total annual hours that HP spends with each enrolled provider = 25 hours per year
- total annual work hours per full-time equivalent (FTE) = 2080 hours per year (40 hours per week $\times$ 52 weeks per year = 2080 hours per year); for counties/cities whose official work week may be less than 40 hours per week, make the appropriate adjustment and explain the reasons for the lower hours per week

Basic Formula

	Total number of enrolled providers
$\times$	Total annual time HP spends with each enrolled provider
=	Total annual work hours
$\div$	Total annual work hours per FTE
=	Annual FTEs of HP

Example

XYZ CHDP Program

	Total number of enrolled providers	96 Providers
$\times$	Total annual time HP spends with each enrolled provider	$\times$ 25 hrs/yr
=	Total annual work hours	= 2,400 hrs/yr
$\div$	Total annual work hours per FTE	$\div$ 2,080 hrs/FTE
=	Annual FTEs of HP	= 1.2 FTEs of HP

PROGRAM ACTIVITIES

Ancillary (ANC) Provider Orientation and Training

Required Information
- total FTEs of PHNs for Provider Orientation and Training
- total FTEs of HPs for Provider Orientation and Training
- established ratio
  - ➢ 1:5
  - ➢ one (1) ANC to every five (5) FTEs of PHNs and HPs

Basic Formula

	Total FTEs of PHNs
+	Total FTEs of HPs
=	Total FTEs of PHNs and HPs
÷	Established ratio of ANC to PHNs and HPs
=	Annual FTEs of ANC

Example

XYZ CHDP Program

	Total FTEs of PHNs	2.4 FTEs of PHNs
+	Total FTEs of HPs	+ 1.2 FTEs of HPs
=	Total FTEs of PHNs and HPs	= 3.6 FTEs of PHNs and HPs
÷	Established ratio of ANC to PHNs and HPs	÷ 5
=	Annual FTEs of ANC	= 0.7 FTEs of ANC

PROGRAM ACTIVITIES

Liaison

Required Information
- designated staff = e.g., dental staff, health educators, nutritionists, physicians, public health nurses who meet skilled professional medical personnel (SPMP) qualifications in accordance with Title 42, Code of Federal Regulations (CFR), Chapter IV
- county/city has an established Medi-Cal Managed Care program (M-C MCP)
  - ➢ County/City has a two-plan or geographic managed care model of M-C MCP
  - ➢ County/City has an established county-organized health system (COHS)
  - ➢ if county/city does not have a M-C MCP, then enter zero (-0-) for full-time equivalents (FTE) of HP
- coordination with other county/city public health department (PHD) programs such as the following:
  - ➢ California Children's Services (CCS)
  - ➢ Immunization
  - ➢ Childhood Lead Poisoning Prevention
  - ➢ Maternal and Child Health (MCH)
  - ➢ Women's, Infants, and Children (WIC)
- coordination with other community and school programs
- counties/cities are entitled to a range (0.25 to 2.0) of HP FTEs for liaison for established M-C MCP, COHS, and the two coordination efforts with other county/city PHD programs and with other community and school programs

Basic Formula

Select one of the following models that corresponds to the presence of Medi-Cal Managed Care in the county/city. Whatever model chosen shall include the FTE for the State-only funds Liaison.

Model A – Maximum of 2.0 FTEs
```
      1.0   FTE of HP for two-plan and M-C MCP
  + 0.5   FTE of HP for coordination with other county/city PHD programs
  + 0.5   FTE of HP for coordination with other community and school programs
  = 2.0   Annual FTEs of HP
```

Model B – Maximum of 1.0 FTE
```
      0.50  FTE of COHS
  + 0.25  FTE of HP for coordination with other county/city PHD programs
  + 0.25  FTE of HP for coordination with other community and school programs
  = 1.0   Annual FTE of HP
```

Model C – Maximum of 0.75 FTE
```
          No M-C MCP
  + 0.25  FTE of HP for coordination with other county/city PHD programs
  + 0.50   FTE of HP for coordination with other community and school programs*
  = 0.75  Annual FTE of HP
```

*   In Model C, the FTE of HP may be in the range of 0.25 to 0.75

PROGRAM ACTIVITIES

Liaison

Example

	XYZ CHDP Program
	<u>XYZ CHDP Program</u>

Model A – Maximum of 2.0 FTE

	FTE of HP for two-plan and M-C MCP	1.0 FTE of HP
+	FTE of HP for coordination with other county/city PHD programs	+ 0.5 FTE of HP
+	<u>FTE of HP for coordination with other community and school programs</u>	<u>+ 0.5 FTE of HP</u>
=	Annual FTEs of HP	= 2.0 FTEs of HP

PROGRAM MANAGEMENT

Supervision (SUPV)

Required Information
- total FTEs of PHN for Care Coordination and Provider Orientation and Training
- total FTEs of HP for Informing/Linking, Care Coordination, Provider Orientation and Training, and Liaison
- total FTEs of ANC for Informing/Linking, Care Coordination, and Provider Orientation and Training
- established ratio
  - ➢ 1:10
  - ➢ one (1) SUPV FTE to every ten (10) FTEs of PHN, HP, and ANC

Basic Formula

	Total FTEs of PHN
+	Total FTEs of HP
+	Total FTEs of ANC
=	Total FTEs of PHN, HP, and ANC
÷	Established ratio of SUPV to PHN, HP, and ANC
=	Annual FTEs of SUPV

Example

XYZ CHDP Program

	Total FTEs of PHN	3.6 FTEs of PHN
+	Total FTEs of HP	+ 4.1 FTEs of HP
+	Total FTEs of ANC	+ 2.8 FTEs of ANC
=	Total FTEs of PHN, HP, and ANC	= 10.5 FTEs of PHN, HP, and ANC
÷	Established ratio of SUPV to PHN, HP, and ANC	÷ 10
=	Annual FTEs of SUPV	= 1.1 FTEs of SUPV

PROGRAM MANAGEMENT

Administration and Information Technology (AIT)

Required Information
- total FTEs of PHN for Care Coordination and Provider Orientation and Training
- total FTEs of HP for Informing/Linking, Care Coordination, Provider Orientation and Training, and Liaison
- total FTEs of ANC for Informing/Linking, Care Coordination, and Provider Orientation and Training
- percentage of AIT staff oversight, guidance, direction, and technical support of all other staff excluding SUPV = 10 percent (%)
- budget sufficient Information Technology (IT) support not only for software and hardware maintenance but also for development of reports, LAN administration, technical support, desktop assistance, statistical extrapolation, etc.

Basic Formula

	Total FTEs of PHN
+	Total FTEs of HP
+	Total FTEs of ANC
=	Total FTEs of PHN, HP, and ANC
×	Percentage of AIT for oversight, guidance, direction, and technical support of all other staff excluding SUPV
=	Annual FTEs of AIT

Example

<div align="right">

XYZ CHDP Program

</div>

	Total FTEs of PHN	3.6 FTEs of PHN
+	Total FTEs of HP	+ 4.1 FTEs of HP
+	Total FTEs of ANC	+ 2.8 FTEs of ANC
=	Total FTEs of PHN, HP, and ANC	= 10.5 FTEs of PHN, HP, and ANC
×	Percentage of AIT for oversight, guidance, direction, and technical support of all other staff excluding SUPV	× 10%
=	Annual FTEs of AIT	= 1.1 FTEs of AIT

PROGRAM SUPPORT

Clerical Support (CS)

Required Information
- total FTEs of PHN for Care Coordination and Provider Orientation and Training
- total FTEs of HP for Informing/Linking, Care Coordination, Provider Orientation and Training, and Liaison
- total FTEs of ANC for Informing/Linking, Care Coordination, and Provider Orientation and Training
- total FTEs of Supervision (SUPV)
- total FTEs of Administration and Information Technology (AIT)
- established ratio
  - 1:6
  - one (1) Clerical Support (CS) FTE to every six (6) FTEs of PHN, HP, ANC, SUPV, and AIT
- defined as clerical support to CHDP program activity and management personnel
- duties include tracking providers, maintaining and updating files, scheduling appointments, finalizing correspondence for release, etc.

Basic Formula

	Total FTEs of PHN
+	Total FTEs of HP
+	Total FTEs of ANC
+	Total FTEs of SUPV
+	Total FTEs of AIT
=	Total FTEs of PHN, HP, ANC, SUPV, and AIT
÷	Established ratio of CS to PHN, HP, ANC, SUPV, and AIT
=	Annual FTEs of CS to PHN, HP, ANC, SUPV, and AIT

Example

XYZ CHDP Program

	Total FTEs of PHN	3.6 FTEs of PHN
+	Total FTEs of HP	+ 4.1 FTEs of HP
+	Total FTEs of ANC	+ 2.8 FTEs of ANC
+	Total FTEs of SUPV	+ 1.1 FTEs of SUPV
+	Total FTEs of AIT	+ 1.1 FTEs of AIT
=	Total FTEs of PHN, HP, ANC, SUPV, and AIT	= 12.7 FTEs
÷	Established ratio of CS to PHN, HP, ANC, SUPV, and AIT	÷ 6
=	Annual FTEs of CS	= 2.1 FTEs of CS

CHDP STAFFING FACTORS
FISCAL YEAR 2003 – 2004
WORKSHEET for FULL-TIME EQUIVALENT (FTE) CALCULATIONS

This worksheet is designed for manual computations. As an electronic document, the areas for numerical entries are highlighted by marching red ants. As a paper document, the areas for numerical entries are not highlighted and left blank. Whether this worksheet is used as an electronic or paper document, the individual completing the worksheet is still required to compute the full-time equivalent calculations by hand.

Please do NOT round any calculations while computing FTEs. Calculations for the FTEs should be carried to two places after the decimal point. Maintain these actual calculations until they are posted to the Staffing Matrix. Guidance for the rounding is provided in the instructions for completion of the Staffing Matrix.

PROGRAM ACTIVITIES

INFORMING/LINKING
Ancillary (ANC)

	Total annual target population estimate for CHDP program	children
÷	Total children within a group to whom ANC would address	÷ 25 children/group
=	Number of groups that ANC addresses each year	= groups
×	Total hours that ANC spends addressing each group	× 1 hr/group
=	Total annual hours spent on addressing groups	= hours
÷	Total annual work hours per FTE	÷ 2,080 hrs/FTE
=	Annual FTEs of ANC	= FTEs of ANC

Health Professional (HP)

	Total annual target population estimate for CHDP program	children
÷	Total children within a group to whom HP would address	÷ 25 children/group
=	Number of groups that HP addresses each year	= groups
×	Total hours that HP spends addressing each group	× 0.5 hr/group
=	Total annual hours spent on addressing groups	= hours
÷	Total annual work hours per FTE	÷ 2,080 hrs/FTE
=	Annual FTEs of HP	= FTEs of HP

Public Health Nurse (PHN)

To be determined by each county/city's needs as calculated in the Health Professional category.

PROGRAM ACTIVITIES

CARE COORDINATION

Public Health Nurse (PHN)

	Total annual number of screens performed		screens
−	Total screens reported through Medi-Cal Managed Care Plans (M-C MCPs)	−	screens via M-C MCPs
=	Net total of annual screens performed	=	screens
×	Percentage (16.5% FY 2003-04; 18% future years) of screens that require follow-up		× 16.5%
=	Total of screens requiring follow-up	=	screens
×	Total hours PHN spends performing care coordination		× 1 hr/screen
=	Total annual hours spent on care coordination	=	hours
÷	Total annual work hours per FTE		÷ 2080 hrs/FTE
=	Annual FTEs of PHN	=	FTEs of PHN

Health Professional (HP)

	Total annual number of screens performed		screens
−	Total screens reported through M-C MCPs	−	screens via M-C MCPs
=	Net total of annual screens performed	=	screens
×	Percentage (16.5% FY 2003-04; 18% future years) of screens that require follow-up		× 16.5%
=	Total of screens requiring follow-up	=	screens
×	Total hours HP spends performing care coordination		× 0.25 hr/screen
=	Total annual hours spent on care coordination	=	hours
÷	Total annual work hours per FTE		÷ 2080 hrs/FTE
=	Annual FTEs of HP	=	FTEs of HP

Ancillary (ANC)

	Total annual number of screens performed		screens
−	Total screens reported through M-C MCPs	−	screens via M-C MCPs
=	Net total of annual screens performed	=	screens
×	Percentage (16.5% FY 2003-04; 18% future years) of screens that require follow-up		× 16.5%
=	Total of screens requiring follow-up	=	screens
×	Total hours ANC spends performing care coordination		× 0.75 creen
=	Total annual hours spent on care coordination	=	hours
÷	Total annual work hours per FTE		÷ 2080 hrs/FTE
=	Annual FTEs of ANC	=	FTEs of ANC

PROGRAM ACTIVITIES

PROVIDER ORIENTATION AND TRAINING

Public Health Nurse (PHN)

	Total number of enrolled providers	=	Providers
×	Total annual time PHN spends with each enrolled provider		× 52 hrs/yr
=	Total annual work hours	=	hrs/yr
÷	Total annual work hours per FTE		÷ 2,080 hrs/FTE
=	Annual FTEs of PHN	=	FTEs of PHN

Health Professional (HP)

	Total number of enrolled providers	=	Providers
×	Total annual time HP spends with each enrolled provider		× 25 hrs/yr
=	Total annual work hours	=	hrs/yr
÷	Total annual work hours per FTE		÷ 2,080 hrs/FTE
=	Annual FTEs of HP	=	FTEs of HP

Ancillary (ANC)

	Total FTEs of PHNs		FTEs of PHNs
+	Total FTEs of HPs	+	FTEs of HPs
=	Total FTEs of PHNs and HPs	=	FTEs of PHNs and HPs
÷	Established ratio of ANC to PHNs and HPs		÷ 5
=	Annual FTEs of ANC	=	FTEs of ANC

PROGRAM ACTIVITIES

<u>Liaison</u>

<u>Model A – Maximum of 2.0 FTEs</u>

1.0 FTE of HP for two-plan and Medi-Cal Managed Care program (M-C MCP)		FTE of HP
+ 0.5 FTE of HP for coordination with other county/city public health department (PHD) programs	+	FTE of HP
+ 0.5 FTE of HP for coordination with other community and school programs		
	+	FTE of HP
= 2.0 Annual FTEs of HP	=	FTEs of HP

<u>Model B – Maximum of 1.0 FTE</u>

0.50 FTE of HP for County-organized health system (COHS)		FTE of HP
+ 0.25 FTE of HP for coordination with other county/city PHD programs	+	FTE of HP
+ 0.25 FTE of HP for coordination with other community and school programs		
	+	FTE of HP
= 1.0 Annual FTE of HP	=	FTE of HP

<u>Model C – Maximum of 0.75 FTE*</u>

0.00 No M-C MCP or COHS		
+ 0.25 FTE of HP for coordination with other county/city PHD programs	+	FTE of HP
+ 0.50 FTE of HP for coordination with other community and school programs	+	FTE of HP
= 0.75 Annual FTE of HP	=	FTE of HP

* In Model C, the FTE of HP may be in the range of 0.25 to 0.75.

PROGRAM MANAGEMENT

Supervision (SUPV)

	Total FTEs of PHN	FTEs of PHN
+	Total FTEs of HP	+ FTEs of HP
+	Total FTEs of ANC	+ FTEs of ANC
=	Total FTEs of PHN, HP, and ANC	= FTEs of PHN, HP, and ANC
÷	Established ratio of SUPV to PHN, HP, and ANC	÷ 10
=	Annual FTEs of SUPV	= FTEs of SUPV

Administration and Information Technology (AIT)

	Total FTEs of PHN	FTEs of PHN
+	Total FTEs of HP	+ FTEs of HP
+	Total FTEs of ANC	+ FTEs of ANC
=	Total FTEs of PHN, HP, and ANC	= FTEs of PHN, HP, and ANC
×	Percentage of AIT for oversight, guidance, direction, and technical support of all other staff, excluding SUPV	× 10%
=	Annual FTEs of AIT	= FTEs of AIT

PROGRAM SUPPORT

Clerical Support (CS)

	Total FTEs of PHN			FTEs of PHN
+	Total FTEs of HP		+	FTEs of HP
+	Total FTEs of ANC		+	FTEs of ANC
+	Total FTEs of SUPV		+	FTEs of SUPV
+	Total FTEs of AIT		+	FTEs of AIT
=	Total FTEs of PHN, HP, ANC, SUPV and AIT		=	FTEs
÷	Established ratio of CS to PHN, HP, ANC, SUPV, and AIT			÷ 6
=	Annual FTEs of CS		=	FTEs of CS

CHDP BUDGET FUNDING
FISCAL YEAR 2003-2004
STAFFING MATRIX

Position or Classification	PROGRAM ACTIVITIES						PROGRAM MANAGEMENT			PROGRAM SUPPORT	TOTAL, ALL STAFF
	Informing/ Linking	Care Coordination	Provider Orientation and Training	Liaison	Sub-total, Program Activities	Total, Program Activities	Supervision (1:10)	Administration and Information Technology (10%)	Total, Program Management	Clerical Support (1:6)	
A	B	C	D	E	F=B+C+D+E	G	H	I	J=H+I	K	L=G+J+K
PROGRAM ACTIVITIES											
Public Health Nurse (PHN)					0.00						0.00
Health Professional (HP)					0.00						0.00
Ancillary (ANC)					0.00						0.00
Liaison (HP)											
PROGRAM MANAGEMENT											
Supervision (SUPV)									0.00		0.00
Administration and Information Technology (AIT)									0.00		0.00
PROGRAM SUPPORT											
Clerical Support (CS)											0.00
TOTAL, ALL STAFF	0.00	0.00	0.00	0.00			0.00	0.00		0.00	0.00

CHDP BUDGET FUNDING
FISCAL YEAR 2003-2004
STAFFING MATRIX - EXAMPLE

	PROGRAM ACTIVITIES						PROGRAM MANAGEMENT			PROGRAM SUPPORT	
Position or Classification	Informing/ Linking	Care Coordination	Provider Orientation and Training	Liaison	Sub-total, Program Activities	**Total, Program Activities**	Supervision (1:10)	Administration and Information Technology (10%)	**Total, Program Management**	**Clerical Support (1:6)**	**TOTAL, ALL STAFF**
A	B	C	D	E	F=B+C+D+E	G	H	I	J=H+I	K	L=G+J+K
PROGRAM ACTIVITIES											
Public Health Nurse (PHN)		1.20	2.40		3.60	**3.60**					**3.60**
Health Professional (HP)	0.60	0.30	1.20		4.10	**4.10**					**4.10**
Ancillary (ANC)	1.20	0.90	0.70		2.80	**2.80**					**2.80**
Liaison (HP)				2.00							
PROGRAM MANAGEMENT											
Supervision (SUPV)							1.10		**1.10**		**1.10**
Administration and Information Technology (AIT)								1.10	**1.10**		**1.10**
PROGRAM SUPPORT											
Clerical Support (CS)										2.10	2.10
TOTAL, ALL STAFF	**1.80**	**2.40**	**4.30**	**2.00**			**1.10**	**1.10**		**2.10**	**14.80**

CHDP BUDGET FUNDING
FISCAL YEAR 2003-2004

STAFFING MATRIX
~ INSTRUCTIONS ~

Please follow the instructions below to complete the Staffing Matrix. The source of data to complete the Matrix is the Worksheet for Full-Time Equivalent (FTE) Calculations. Complete the FTE Calculations first before completing the Matirx.

The Staffing Matrix may be completed manually or electronically.

- For manual use, enter the FTEs on the paper document by following the instructions below. The sub-total and all totals shall require computation by hand.

- For electronic use, input the FTEs electronically by following the instructions below. Formulas have been built into the electronic version of the Staffing Matrix; therefore, the sub-total and all totals will automatically be computed.

PROGRAM ACTIVITIES

Column B – Informing/Linking

1) Health Professional (HP)

   Enter the number of Annual Full-Time Equivalents (FTEs) of HP for Informing/Linking that was computed from the Worksheet for Full-Time Equivalent (FTE) Calculations.

2) Ancillary (ANC)

   Enter the number of Annual FTEs of ANC for Informing/Linking that was computed from the Worksheet for FTE Calculations.

3) Total, All Staff

   Enter the total of all entries made in Column B – Informing/Linking.

Column C – Care Coordination

4) Public Health Nurse (PHN)

   Enter the number of Annual FTEs of PHN for Care Coordination that was computed from the Worksheet for FTE Calculations.

STAFFING MATRIX
~ INSTRUCTIONS ~

5) Health Professional (HP)

Enter the number of Annual FTEs of HP for Care Coordination that was computed from the Worksheet for FTE Calculations.

6) Ancillary (ANC)

Enter the number of Annual FTEs of ANC for Care Coordination that was computed from the Worksheet for FTE Calculations.

7) Total, All Staff

Enter the total of all entries made in Column C – Care Coordination.

Column D – Provider Orientation and Training

8) Public Health Nurse (PHN)

Enter the number of Annual FTEs of PHN for Provider Orientation and Training that was computed from the Worksheet for FTE Calculations.

9) Health Professional (HP)

Enter the number of Annual FTEs of HP for Provider Orientation and Training that was computed from the Worksheet for FTE Calculations.

10) Ancillary (ANC)

Enter the number of Annual FTEs of ANC for Provider Orientation and Training that was computed from the Worksheet for FTE Calculations.

11) Total, All Staff

Enter the total of all entries made in Column D – Provider Orientation and Training.

Column E – Liaison

12) Enter the number of Annual FTEs of Health Professional (HP) for Liaison that was computed from the Worksheet for FTE Calculations.

13) Total, All Staff

Enter the total of all entries made in Column E – Liaison.

STAFFING MATRIX
~ INSTRUCTIONS ~

Column F – Sub-total, Program Activities

14) Public Health Nurse (PHN)

   Enter the total of all PHN entries made in Columns C and D.

15) Health Professional (HP)

   Enter the total of all HP entries made in Columns B, C, D, and the Liaison (HP) entry made in Column E.

16) Ancillary (ANC)

   Enter the total of all ANC entries made in Columns B, C, and D.

Column G – Total, Program Activities

17) Public Health Nurse (PHN)

   Enter the total made in Column F.

   If the total of all PHN entries is less than 0.25, then enter 0.25.

18) Health Professional (HP)

   Enter the total made in Column F.

   If the total of all HP entries is less than 0.25, then enter 0.25.

19) Ancillary (ANC)

   Enter the total made in Column F.

   If the total of all ANC entries is less than 0.25, then enter 0.25.

PROGRAM MANAGEMENT

Column H – Supervision (1:10)

20) Enter the number of Annual FTEs of Supervision (SUPV) that was computed from the Worksheet for FTE Calculations.

STAFFING MATRIX
~ INSTRUCTIONS ~

21) Total, All Staff

Enter the total of all entries made in Column H – Supervision (1:10).

Column I – Administration and Information Technology (10%)

22) Enter the number of Annual FTEs of Administration and Information Technology (AIT) that was computed from the Worksheet for FTE Calculations.

23) Total, All Staff

Enter the total of all entries made in Column I - Administration and Information Technology (10%).

Column J – Total, Program Management

24) Supervision (SUPV)

Enter the total of all SUPV entries made in Column H.

25) Administration and Information Technology (AIT)

Enter the total of all AIT entries made in Column I.

PROGRAM SUPPORT

Column K – Clerical Support (1:6)

26) Enter the number of Annual FTEs of Clerical Support (CS) that was computed from the Worksheet for FTE Calculations.

27) Total, All Staff

Enter the total of all entries made in Column K – Clerical Support (1:6).

TOTAL, ALL STAFF

Column L – TOTAL, ALL STAFF

28) Public Health Nurse (PHN)

Enter the total of all PHN entries made in Columns G, J, and K.

STAFFING MATRIX
~ INSTRUCTIONS ~

29) Health Professional (HP)

Enter the total of all HP entries made in Columns G, J, and K.

30) Ancillary (ANC)

Enter the total of all ANC entries made in Columns G, J, and K.

31) Supervision (SUPV)

Enter the total of all SUPV entries made in Columns G, J, and K.

32) Administration and Information Technology (AIT)

Enter the total of all AIT entries made in Columns G, J, and K.

33) Clerical Support (CS)

Enter the total of all CS entries made in Columns G, J, and K.

34) Total, All Staff

Enter the total of all entries made in Column M.

Also add all entries, made in Columns B through K, from the line entitled Total, All Staff for a grand total.

The grand total for Column M **must be** the same as the grand total for Columns B through K. If the grand totals are not the same, then there is an error.

CHDP BUDGET FUNDING
FISCAL YEAR 2003-2004

DISTRIBUTION OF STATE-ONLY FUNDS

General Information

- State-only funds are available for distribution to counties/cities
- use State-only funds to provide Health Professional (HP) full-time equivalents (FTE) for the program activity entitled Liaison (L)
- estimated annual cost of one (1) HP-L FTE = $120,000
  - ➢ HP-L salary and benefits = $100,000
  - ➢ HP-L other expenses = $20,000
- estimated FTEs that can be funded with State-only funds = 8.3 FTEs of HP-L
- range of HP-L FTEs for distribution = 0.01 to 0.5 FTE
- use Budget Year CHDP Target Population Estimate as basis for distribution of funds

Distribution Chart

The FTE count of HP-L for each county/city is determined by its target population. Please locate the target population range in which your local program's target population falls. The target population range indicates a predetermined FTE of HP-L.

Range of FTEs	Target Population Range			No. of Local Programs	Total FTEs Statewide
0.50	180,000	to	1,500,000	7	3.50
0.25	100,000	to	179,999	3	0.75
0.15	30,000	to	99,999	15	2.25
0.10	8,000	to	29,999	18	1.80
0.05	3,000	to	7,999	9	0.45
0.01	under 3,000			9	0.09
	Total			61 Local Programs	8.84 FTEs

Example

According to the FY 2002-2003 CHDP Target Population Estimate, XYZ CHDP Program has a target population of 61,769.   This target population figure falls within the population range of 30,000 to 99,999. Therefore, XYZ CHDP Program is entitled to 0.15 FTE of a Health Professional – Liaison (HP-L) position.

This 0.15 FTE of a HP-L position is included in whichever model is selected for Liaison program activities. Please refer to FY 2003-2004 Staffing Factors, Page 12 of 16.

CHILD HEALTH & DISABILITY PREVENTION (CHDP) PROGRAM

CHDP ADMINISTRATIVE BUDGET
NO COUNTY/CITY MATCH

County/City _____

Fiscal Year _____2003-2004_____

Category/Line Item	FTEs	Annual Salary	Total Budget	State-Only		Medi-Cal Budget @ 100%		Medi-Cal Budget @ ____%		Enhanced		Non-Enhanced	
				%	Budget	%	Budget	%	Budget	%	State/Fed	%	State/Fed
A	B	C	D = B x C	E	F = E x D	G	H = G x D	I	J = H x ___%	K	L = K x J	M	N = M x J
I. PERSONNEL EXPENSE													
INCUMBENT NAMES AND CLASSIFICATIONS BY PROGRAM ACTIVITIES													
A. Public Health Nurse Care Coordination													
1.		$	$			%	$		$	%	$	%	$
2.													
3.													
Total		$	$			%	$		$	%	$	%	$
Provider Orientation and Training													
1.		$	$			%	$		$	%	$	%	$
2.													
3.													
Total		$	$			%	$		$	%	$	%	$
B. Health Professional Informing/Linking													
1.		$	$			%	$		$	%	$	%	$
2.													
3.													
Total		$	$			%	$		$	%	$	%	$
Care Coordination													
1.		$	$			%	$		$	%	$	%	$
2.													
3.													
Total		$	$			%	$		$	%	$	%	$

CHILD HEALTH & DISABILITY PREVENTION (CHDP) PROGRAM

CHDP ADMINISTRATIVE BUDGET
NO COUNTY/CITY MATCH

County/City _____

Fiscal Year _____2003-2004_____

Category/Line Item	FTEs	Annual Salary	Total Budget	State-Only %	State-Only Budget	Medi-Cal Budget @ 100% %	Medi-Cal Budget @ 100% Budget	Medi-Cal Budget @ ___% %	Medi-Cal Budget @ ___% Budget	Enhanced %	Enhanced State/Fed	Non-Enhanced %	Non-Enhanced State/Fed
A	B	C	D = B x C	E	F = E x D	G	H = G x D	I	J = H x ___%	K	L = K x J	M	N = M x J
Provider Orientation and Training													
1.		$	$			%	$		$	%	$	%	$
2.													
3.													
Total		$	$			%	$		$	%	$	%	$
C. Ancillary Informing/Linking													
1.		$	$			%	$		$			%	$
2.													
3.													
Total		$	$			%	$		$			%	$
Care Coordination													
1.		$	$			%	$		$			%	$
2.													
3.													
Total		$	$			%	$		$			%	$
Provider Orientation and Training													
1.		$	$			%	$		$			%	$
2.													
3.													
Total		$	$			%	$		$			%	$
D. Liaison													
1.		$	$	%	$	%	$		$			%	$
2.													
3.													
Total		$	$	%	$	%	$		$			%	$

CHILD HEALTH & DISABILITY PREVENTION (CHDP) PROGRAM

CHDP ADMINISTRATIVE BUDGET
NO COUNTY/CITY MATCH

County/City _____

Fiscal Year _____2003-2004_____

Category/Line Item	FTEs	Annual Salary	Total Budget	State-Only		Medi-Cal Budget @ 100%		Medi-Cal Budget @ _____%		Enhanced		Non-Enhanced	
				%	Budget	%	Budget	%	Budget	%	State/Fed	%	State/Fed
A	B	C	D = B x C	E	F = E x D	G	H = G x D	I	J = H x ___%	K	L = K x J	M	N = M x J
PROGRAM MANAGEMENT													
F. Supervision													
1.		$	$			% $			$	% $		% $	
2.													
3.													
Total		$	$			% $			$	% $		% $	
G. Administration													
1.		$	$			% $			$	% $		% $	
2.													
3.						% $			$	% $		% $	
Information Technology													
1.		$	$			% $			$			% $	
2.													
3.													
Total		$	$			% $			$			% $	
PROGRAM SUPPORT													
H. Clerical Support													
1.		$	$			% $			$	% $		% $	
2.													
3.													
Total		$	$			% $			$	% $		% $	

CHILD HEALTH & DISABILITY PREVENTION (CHDP) PROGRAM

CHDP ADMINISTRATIVE BUDGET
NO COUNTY/CITY MATCH

County/City _____

Fiscal Year _____ 2003-2004 _____

Category/Line Item	FTEs	Annual Salary	Total Budget	State-Only		Medi-Cal Budget @ 100%		Medi-Cal Budget @ _____%		Enhanced		Non-Enhanced	
				%	Budget	%	Budget	%	Budget	%	State/Fed	%	State/Fed
A	B	C	D = B x C	E	F = E x D	G	H = G x D	I	J = H x ___%	K	L = K x J	M	N = M x J
Total, Salaries and Wages			$		$		$		$		$		$
Less: Salary Savings			-				-		-		-		-
Net Total, Salaries and Wages			$		$		$		$		$		$
Staff Benefits @ _____ %			+		+		+		+		+		+
TOTAL, PERSONNEL EXPENSE			$		$		$		$		$		$
II. OPERATING EXPENSE													
1. Travel			$				$		$		$		$
2. Training													
3.													
4.													
5.													
TOTAL, OPERATING EXPENSE			$				$		$		$		$
III. CAPITAL EXPENSE													
1.			$				$		$				$
2.													
3.													
TOTAL, CAPITAL EXPENSE			$				$		$				$

CHILD HEALTH & DISABILITY PREVENTION (CHDP) PROGRAM

CHDP ADMINISTRATIVE BUDGET
NO COUNTY/CITY MATCH

County/City _____   Fiscal Year _____2003-2004_____

Category/Line Item	FTEs	Annual Salary	Total Budget	State-Only		Medi-Cal Budget @ 100%		Medi-Cal Budget @ _____%		Enhanced		Non-Enhanced	
				%	Budget	%	Budget	%	Budget	%	State/Fed	%	State/Fed
A	B	C	D = B x C	E	F = E x D	G	H = G x D	I	J = H x ___%	K	L = K x J	M	N = M x J
IV. INDIRECT EXPENSE													
Internal @ _____ %			$				$		$				$
External @ _____ %													
TOTAL, INDIRECT EXPENSE			$				$		$				$
V. OTHER EXPENSE													
1.			$				$		$				$
2.													
3.													
TOTAL, OTHER EXPENSE			$				$		$				$
TOTAL BUDGET			$		$		$		$		$		$

_____   _____   _____
Prepared by   Date Prepared   Telephone Number

_____   _____   _____
CHDP Director or Deputy Director Signature   Signature Date   Telephone Number

CHDP BUDGET FUNDING
FISCAL YEAR 2003-2004

CHDP ADMINISTRATIVE BUDGET
NO COUNTY/CITY MATCH
~ INSTRUCTIONS ~

Please follow the instructions below to complete the CHDP Administrative Budget, No County/City Match. The source of data to complete the Personnel Expense category of the budget is the Staffing Matrix. The Matrix must first be completed with the full-time equivalent (FTE) data before the Budget can be prepared.

To assist in the preparation of the Budget, please refer to the Plan and Fiscal Guidelines, Section 6. Read the Budget Instructions for General Information and Descriptions, Budget Tips, and Definitions and Guidelines.

Also, please use <u>whole</u> numbers. Do not use decimal placements.

County/City

1)   Enter the name of the county or city for which this budget applies.

Fiscal Year

2)   Enter the State fiscal year (FY) for which this budget applies.

   For the upcoming FY 2003-2004, the State FY has been entered for you.

I. PERSONNEL EXPENSE

Column A – Incumbent Names and Classifications by Program Activities

3)   Enter the incumbent names for the appropriate classifications under each Program Activity, Program Management, and Program Support.

Column B – Full-Time Equivalents (FTEs)

4)   Enter the FTE for each incumbent within the classifications under each Program Activity.

   The total FTEs for each classification under Program Activities must equal the respective total entries made in the Staffing Matrix, Column G. If the figures are different, then adjust one of the incumbent's FTEs within a classification under the Program Activities to make the total FTEs equal the total entered in Column G of the Staffing Matrix.

   Also enter the total FTEs for each classification for the Program Management and Program Support sections from the Staffing Matrix, Columns J and K, respectively.

CHDP ADMINISTRATIVE BUDGET
NO COUNTY/CITY MATCH
~ INSTRUCTIONS ~

For the Administration and Information Technology classification only, the combined total of the FTEs for Administration and Information Technology that were computed via the Worksheet for FTE Calculations may be distributed based upon the needs of the individual county/city.

Column C – Annual Salary

5) Enter the total annual salary for each position or classification.

In order to compute the total annual salaries, a Budget Detail Worksheet is required to complete this entry. The worksheet should include the following for each classification under Program Activities, Program Management, and Program Support:

- position or classification;
- incumbent name;
- FTE time base at 100% or 1.0;
- top step of salary range; and
- calculation of the annual salary

The top step of the salary range should be used in the calculation of the annual salary.

The Budget Detail Worksheet is required for submission with the Budget. A copy of the worksheet should be kept on file at the local CHDP office.

Example

The Budget Detail Worksheet should display the following.

Health Professional (HP) – Care Coordination

Position or Classification	Incumbent Name	Time Base	Top Step of Salary Range	Calculation of Annual Salary
Nutritionist III	Jane Smith	1.0	$3500/mo	$3500 x 1.0 x 12 = $42,000
Health Educator II	John Doe	1.0	$3000/mo	$3000 x 1.0 x 12 = 36,000

Enter $42,000 for Jane Smith as her Annual Salary for the Care Coordination activity under the Health Professional classification.

Also enter $36,000 for John Doe as his Annual Salary for the Care Coordination activity under the Health Professional classification.

CHDP ADMINISTRATIVE BUDGET
NO COUNTY/CITY MATCH
~ INSTRUCTIONS ~

Column D – Total Budget

6)   Multiply each entry made in Column B by the corresponding entry made in Column C and enter the result.

In order to compute the Total Budget, two additional columns need to be added to the Budget Detail Worksheet. The two columns are entitled FTEs and Total Budget @ 100%.

Example

Health Professional (HP) – Care Coordination

Position or Classification	Incumbent Name	Time Base	Top Step of Salary Range	Calculation of Annual Salary	FTEs	Total Budget @ 100%
Nutritionist III	*Jane Smith*	*1.0*	*$3500/mo*	*$3500 x 1.0 x 12 = $42,000*	*1.0*	*$42,000 x 1.0 = $42,000*
Health Ed II	*John Doe*	*1.0*	*$3000/mo*	*$3000 x 1.0 x 12 = 36,000*	*0.5*	*$36,000 x 0.5 = 18,000*

Enter $42,000 for Jane Smith as her Total Budget for the Care Coordination activity under the Health Professional classification.

Also enter $18,000 for John Doe as his Total Budget for the Care Coordination activity under the Health Professional classification.

Column E – State-Only Percentage (%)

7)   Enter, for each incumbent shown in Column A, the percentage of the FTE shown in Column B that represents the amount of time dedicated to program activities for non-Medi-Cal children and youth.

The percentages in Columns E and G must equal 100%.

Column F – State-Only Budget

8)   Multiply each entry made in Column E by the corresponding entry made in Column D and enter the result.

The total of each entry made in Columns F and H must equal the corresponding entry made in Column D.

CHDP ADMINISTRATIVE BUDGET
NO COUNTY/CITY MATCH
~ INSTRUCTIONS ~

Column G – Medi-Cal %

9) Subtract, for each incumbent shown in Column A, the entry made in Column E from 100% and enter the result.

    If there is no entry in Column E, then enter 100% in Column G.

    The resulting percentage represents the amount of time dedicated to program activities for Medi-Cal children and youth.

    The percentages in Columns E and G must equal 100%.

Column H – Medi-Cal Budget

10) Multiply each entry made in Column G by the corresponding entry made in Column D and enter the result.

    The total of each entry made in Columns F and H must equal the corresponding entry made in Column D.

Column Heading - Medi-Cal Budget @   %

11) Select a percentage that best represents the portion of the 100% Medi-Cal Budget that the county can expend for FY 2003-2004 and enter this percentage in the heading.

Column I – Medi-Cal Percentage (%)

12) Multiply each entry made in Column G by the county's selected percentage and enter the result.

    The result represents the county's selected percentage of the Medi-Cal FTEs for FY 2003-2004.

Column Formula

13) Enter the county's selected percentage in the formula J = H x _____%.

Column J – Medi-Cal Budget @   %

14) Multiply each entry made in Column H by the county's selected percentage and enter the result.

    The result represents the county's selected percentage of the Medi-Cal Budget for FY 2003-2004.

CHDP ADMINSTRATIVE BUDGET
NO COUNTY/CITY MATCH
~ INSTRUCTIONS ~

The total of each entry made in Columns L and N must equal the corresponding entry made in Column J.

Column K – Enhanced %

15) Enter, for each incumbent shown in Column A, the percentage of the FTE shown in Column I that represents the amount of time dedicated to program activities that qualify for enhanced Medi-Cal funding.

   The percentages in Columns K and M must equal 100%. This 100% represents the county's selected percentage of the Medi-Cal FTEs for FY 2003-2004.

Column L – Enhanced State/Federal

16) Multiply each entry made in Column K by the corresponding entry made in Column J and enter the result.

   The total of each entry made in Columns L and N must equal the corresponding entry made in Column J. The entry made in Column J represents the county's selected percentage of the Medi-Cal Budget for FY 2003-2004.

Column M – Non-Enhanced %

17) Subtract, for each incumbent shown in Column A, the entry made in Column K from 100% and enter the result.

   The resulting percentage represents the amount of time dedicated to program activities that qualify for non-enhanced Medi-Cal funding.

   The percentages in Columns K and M must equal 100%. This 100% represents the county's selected percentage of the Medi-Cal FTEs for FY 2003-2004.

Column N – Non-Enhanced State/Federal

18) Multiply each entry made in Column M by the corresponding entry made in Column J and enter the result.

   The total of each entry made in Columns L and N must equal the corresponding entry made in Column J. The entry made in Column J represents the county's selected percentage of the Medi-Cal Budget for FY 2003-2004.

CHDP ADMINISTRATIVE BUDGET
NO COUNTY/CITY MATCH
~ INSTRUCTIONS ~

Total, Salaries and Wages

19) Add all entries made in Columns D, F, J, L, and N and enter the results for each respective column.

Less: Salary Savings

20) Multiply each entry made in the Total, Salaries and Wages line by the county/city Salary Savings percentage and enter the result in each respective column.

    The line entitled Less: Salary Savings shall be completed only if the county/city government mandates salary savings.

Net Total, Salaries and Wages

21) Subtract each entry made in Less: Salary Savings from each entry made in Total, Salaries and Wages for Columns D, H, J, L, and N and enter the result in each respective column.

Staff Benefits @   %

22) Enter, in Columns D, F, H, J, L, and N the actual Staff Benefits amount that was calculated by the county/city government.

~ OR ~

23) Multiply each entry made in Net Total, Salaries and Wages for Columns D, F, H, J, L, and N by the Staff Benefits percentage that was approved by the county/city government and enter the result in each respective column.

24) Enter the approved percentage in Column A, Staff Benefits @ _____ %.

Total, Personnel Expense

25) Add each entry made in the Net Total, Salaries and Wages line to each entry made in the Staff Benefits @ _____ % line for Columns D, F, H, J, L, and N and enter the result in each respective column.

CHDP ADMINISTRATIVE BUDGET
NO COUNTY/CITY MATCH
~ INSTRUCTIONS ~

II. OPERATING EXPENSE

Travel

26) Enter, in Column D, the total costs for program staff travel which may include ground and air transportation, per diem, lodging, mileage, etc.

27) Enter the amount from Column D in Column H.

The entries made in Columns D and H must be the same.

28) Multiply the entry made in Column H by 65% and enter the result in Column J.

29) Enter the amount of travel costs shown in Column L that represents the amount of travel dedicated to program activities that qualify for enhanced Medi-Cal funding.

The total of entries made in Columns L and N must equal the entry made in Column J.

30) Enter the amount of travel costs shown in Column N that represents the amount of travel dedicated to program activities that qualify for non-enhanced Medi-Cal funding.

The total of entries made in Columns L and N must equal the entry made in Column J.

Training

31) Enter, in Column D, the total costs for program staff training which may include registration fees, tuition fees, course materials, etc.

32) Enter the amount from Column D in Column H.
The entries made in Columns D and H must be the same.

33) Multiply the entry made in Column H by 65% and enter the result in Column J.

34) Enter the amount of training costs shown in Column J that represents the amount of training dedicated to program activities that qualify for enhanced Medi-Cal funding.

The total of entries made in Columns L and N must equal the entry made in Column J.

35) Enter the amount of training costs shown in Column N that represents the amount of training dedicated to program activities that qualify for non-enhanced Medi-Cal funding.

The total of entries made in Columns L and N must equal the entry made in Column J.

CHDP ADMINISTRATIVE BUDGET
NO COUNTY/CITY MATCH
~ INSTRUCTIONS ~

Additional Operating Expense

36) List, in Column A, all other Operating Expenses, such as Office Supplies, Rent, Utilities, Communications, etc., as needed.

37) Enter the total costs for each additional Operating Expense in Columns D and H.

   The entries made in Columns D and H must be the same.

38) Multiply the entry made in Column H by 65% and enter the result in Column J.

39) Enter the amount from Column J in Column N.

   The entries made in Columns J and N must be the same.

Total, Operating Expense

40) Add the entries made in Columns D, H, J, L, and N for Travel, Training, and any additional Operating Expense and enter the result in each respective column.

III. CAPITAL EXPENSE

41) Enter, in Columns D and H, the total costs for each Capital Expense which may include equipment and automated data processing (ADP). Equipment must have a unit cost of $5,000 or more.

   The entries made in Columns D and H must be the same.

42) Multiply the entry made in Column H by 65% and enter the result in Column J.

43) Enter the amount from Column I in Column N.

   The entries made in Columns I and N must be the same.

Total, Capital Expense

44) Add the entries made in Columns D, H, J, and N for all Capital Expenses and enter the result in each respective column.

CHDP ADMINISTRATIVE BUDGET
NO COUNTY/CITY MATCH
~ INSTRUCTIONS ~

IV. INDIRECT EXPENSE

Internal @_____%

Internal Indirect Expenses are departmental overhead costs that have been developed by the county/city government in a Cost Allocation Plan (CAP) in accordance with federal ASMB C–10 guidelines issued by the Department of Health and Human Services. A copy of the CAP shall be on file at the local CHDP office and available for review upon request.

45)   Multiply the entries made in Columns D, H, J, and N for Total, Salaries and Wages by the county/city percentage for Internal Indirect Expense and enter the result in each respective column.

46)   Enter the approved percentage for Internal Indirect Expense in Column A, Internal @ _____ %.

The entries made in Columns D and H must be the same.

Also the entries made in Columns J and N must be the same.

~ OR ~

47)   Enter, in Columns D, H, J, and N, the Internal Indirect Expense amount that was calculated by the county/city government.

Supporting documentation to establish these Internal Indirect Expense amounts shall be on file at the local CHDP office and available for review upon request.

The entries made in Columns D and H must be the same.

Also the entries made in Columns J and N must be the same.

External @_____%

External Indirect Expenses are countywide overhead costs that have been developed by the county/city government in a Cost Allocation Plan (CAP) in accordance with the State Controller's Office guidelines (A-87 Plan). The allocation plan for the External Indirect Expenses requires approval from the Children's Medical Services (CMS) Branch. A copy of the CAP shall be on file at the local CHDP office and available for review upon request.

48)   Enter, in Columns D. H, J, and N the External Indirect Expense amount that was calculated by the county/city government.

CHDP ADMINISTRATIVE BUDGET
NO COUNTY/CITY MATCH
~ INSTRUCTIONS ~

49) Multiply the entries made in Columns D, H, J, and N for Total, Salaries and Wages by the county/city percentage for External Indirect Expense and enter the result in each respective column.

50) Enter the approved percentage for External Indirect Expense in Column A, External @ _____ %.

The entries made in Columns D and H must be the same.

Also the entries made in Columns J and N must be the same.

~ OR ~

Supporting documentation to establish these External Indirect Expense amounts shall be on file at the local CHDP office and available for review upon request.

The entries made in Columns D and H must be the same.

Also the entries made in Columns J and N must be the same.

Total, Indirect Expense

51) Add the entries made in Columns D, H, J, and N for Internal and External Indirect Expenses and enter the result in each respective column.

V. OTHER EXPENSE

52) List, in Column A, all Other Expenses that are not directly attributable to the line items shown in the Operating Expense category.

53) Enter the total costs for each Other Expense in Columns D and H.

The entries made in Columns D and H must be the same.

54) Multiply the entry made in Column H by 65% and enter the result in Column J.

55) Enter the amount from Column J in Column M.

The entries made in Columns J and N must be the same.

CHDP ADMINISTRATIVE BUDGET
NO COUNTY/CITY MATCH
~ INSTRUCTIONS ~

Total, Other Expense

56) Add the entries made in Columns D, H, J, and N for all Other Expenses and enter the result in each respective column.

TOTAL BUDGET

57) Add the entries made for following categories:

>> Total, Personnel Expense;
>> Total, Operating Expense;
>> Total, Capital Expense;
>> Total, Indirect Expense; and
>> Total, Other Expense

for Columns D, F, H, J, L, and N and enter the grand total in each respective column.

Prepared by

58) Enter the name of the individual who prepared the Budget.

Date Prepared

59) Enter the date that the Budget was prepared.

Telephone Number

60) Enter the telephone number of the individual who prepared the Budget.

CHDP Director or Deputy Director Signature

61) Affix the signature of the CHDP Director or Deputy Director as an indication of approval for the Budget.

Signature Date

62) Enter the date that the CHDP Director or Deputy Director signed the Budget.

Telephone Number

63) Enter the telephone number of the CHDP Director or Deputy Director.

CHILD HEALTH & DISABILITY PREVENTION (CHDP) PROGRAM

CHDP ADMINISTRATIVE BUDGET SUMMARY
NO COUNTY/CITY MATCH

County/City _____   Fiscal Year _____2003 - 2004_____

Category	Total Budget	Total Budget		Medi-Cal Budget @ _____%	Medi-Cal Budget @ 65%	
		State-Only Budget	Medi-Cal Budget @ 100%		Enhanced State/Federal 25%/75%	Nonenhanced State/Federal 50%/50%
A	B = C + D	C	D	E = D x _____% $E = F + G$	F	G
I. Personnel Expense	$	$	$	$	$	$
II. Operating Expense						
III. Capital Expense						
IV. Indirect Expense						
V. Other Expense						
TOTAL BUDGET	$	$	$	$	$	$

Source of Funds	Total Budget	Total Budget		Medi-Cal Budget @ _____%	Medi-Cal Budget @ 65%	
		State-Only Budget	Medi-Cal Budget @ 100%		Enhanced State/Federal 25%/75%	Nonenhanced State/Federal 50%/50%
H	I = J + K	J	K	L = K x _____% $L = M + N$	M	N
State General Funds	$	$				
Medi-Cal Funds						
State			$	$	$	$
Federal (Title XIX)						
TOTAL FUNDS	$	$	$	$	$	$

Prepared by	Date Prepared	Telephone Number
CHDP Director or Deputy Director Signature	Signature Date	Telephone Number

CHDP BUDGET FUNDING
FISCAL YEAR 2003-2004

CHDP ADMINISTRATIVE BUDGET SUMMARY
NO COUNTY/CITY MATCH
~ INSTRUCTIONS ~

Please follow the instructions below to complete the CHDP Administrative Budget Summary, No County/City Match. The source of data to complete the Budget Summary is the CHDP Administrative Budget, No County/City Match. The Budget must first be completed before the Budget Summary can be prepared.

Also, please use <u>whole</u> numbers. Do not use decimal placements.

County/City

1) Enter the name of the county or city for which this Budget Summary applies.

Fiscal Year

2) Enter the State fiscal year (FY) for which this Budget Summary applies.

For the upcoming FY 2003-2004, the State FY has been entered for you.

I. CATEGORY

Column B – Total Budget

3) Enter the total amount from the Budget, Column D entitled Total Budget @ 100% for each respective category listed in the Budget Summary, Column A and Total Budget.

Column C –State-Only Budget

4) Enter the total amount from the Budget, Column F entitled State-Only Budget for Operating Expense and Total Budget.

The total of each entry made in the Budget Summary, Columns C and D must equal the corresponding entry made in the Budget Summary, Column B.

Column D – Medi-Cal Budget @ 100%

5) Enter the total amount from the Budget, Column H entitled Medi-Cal Budget for each respective category listed in the Budget Summary, Column A and Total Budget.

CHDP ADMINISTRATIVE BUDGET SUMMARY
NO COUNTY/CITY MATCH
~ INSTRUCTIONS ~

The total of each entry made in the Budget Summary, Columns C and D must equal the corresponding entry made in the Budget Summary, Column B.

Column E – Medi-Cal Budget @ _____ %

6) Enter the county's selected percentage from the Budget, the heading entitled Medi-Cal Budget @ _____% in the heading for Column E.

The percentages entered in the Budget, Column J and the Budget Summary, Columns E and L must all be the same.

7) Enter the county's selected percentage in the formula E = D x _____%.

The percentages entered in the Budget, Column J and the Budget Summary, Columns E and L must all be the same.

8) Enter the total amount from the Budget, Column J entitled Budget @ _____% for each respective category listed in the Budget Summary, Column A and Total Budget.

Each entry made in the Budget Summary, Column E must be the county's selected percentage of the corresponding entry made in the Budget Summary, Column D.

Column F – Enhanced State/Federal (25%/75%)

9) Enter the total amount from the Budget, Column L entitled Enhanced State/Federal for Personnel Expense, Operating Expense, and Total Budget.

The total of each entry made in the Budget Summary, Columns F and G must equal the corresponding entry made in the Budget Summary, Column E.

Column G – Nonenhanced State/Federal (50%/50%)

10) Enter the total amount from the Budget, Column N entitled Nonenhanced State/Federal for each respective category listed in the Budget Summary, Column A and Total Budget.

The total of each entry made in the Budget Summary, Columns F and G must equal the corresponding entry made in the Budget Summary, Column E.

CHDP ADMINISTRATIVE BUDGET SUMMARY
NO COUNTY/CITY MATCH
~ INSTRUCTIONS ~

II. SOURCE OF FUNDS

In order to properly complete the columns in this section, compute the calculations in Columns M and N before making entries in the other columns. Complete the columns in the following order: M, N, L, K, J, and I.

Column M – Enhanced State/Federal (25%/75%)

11) Medi-Cal Funds – State

Multiply the Total Budget amount from Column F entitled Enhanced State/Federal (25%/75%) of the Category section by 25% and enter the result in Column M entitled Enhanced State/Federal (25%/75%).

12) Medi-Cal Funds – Federal (Title XIX)

Multiply the Total Budget amount from Column F entitled Enhanced State/Federal (25%/75%) of the Category section by 75% and enter the result in Column M entitled Enhanced State/Federal (25%/75%).

13) Total Funds

Add the entries for Medi-Cal Funds – State and Medi-Cal Funds – Federal (Title XIX) and enter the total in Column M entitled Enhanced State/Federal (25%/75%).

The entries made in Column F for Total Budget and Column M for Total Funds must be the same.

Column N – Nonenhanced State/Federal (50%/50%)

14) Medi-Cal Funds – State

Multiply the Total Budget amount from Column G entitled Nonenhanced State/Federal (50%/50%) of the Category section by 50% and enter the result in Column N entitled Nonenhanced State/Federal (50%/50%).

15) Medi-Cal Funds – Federal (Title XIX)

Multiply the Total Budget amount from Column G entitled Nonenhanced State/Federal (50%/50%) of the Category section by 50% and enter the result in Column N entitled Nonenhanced State/Federal (50%/50%).

CHDP ADMINISTRATIVE BUDGET SUMMARY
NO COUNTY/CITY MATCH
~ INSTRUCTIONS ~

16) Total Funds

Add the entries for Medi-Cal Funds – State and Medi-Cal Funds – Federal (Title XIX) and enter the total in Column N entitled Nonenhanced State/Federal (50%/50%).

The entries made in Column G for Total Budget and Column N for Total Funds must be the same.

Column L – Medi-Cal Budget @ _____ %

17) Column Heading

Enter the county's selected percentage from the Budget Summary, Column E in the column heading.

The percentages entered in the Budget, Column J and the Budget Summary, Columns E and L must all be the same.

18) Column Formula

Enter the county's selected percentage in the formula $L = K \times$ _____%.

The percentages entered in the Budget, Column J and the Budget Summary, Columns E and L must all be the same.

19) Medi-Cal Funds – State

Add the entries made in Columns M and N for Medi-Cal Funds – State and enter the total.

20) Medi-Cal Funds – Federal (Title XIX)

Add the entries made in Columns M and N for Medi-Cal Funds – Federal (Title XIX) and enter the total.

21) Total Funds

Add the entries for Medi-Cal Funds – State and Medi-Cal Funds – Federal (Title XIX) and enter the total.

Also, the entries made in Column E for Total Budget and Column L for Total Funds must be the same.

CHDP ADMINISTRATIVE BUDGET SUMMARY
NO COUNTY/CITY MATCH
~ INSTRUCTIONS ~

Each entry made in Column L must equal the sum of the corresponding entries made in Columns M and N.

Column K – Medi-Cal Budget @ 100%

22) Medi-Cal Funds – State

Divide the entry made in Column L by the county's selected percentage and enter the result.

23) Medi-Cal Funds – Federal (Title XIX)

Divide the entry made in Column L by the county's selected percentage and enter the result.

24) Total Funds

Add the entries for Medi-Cal Funds – State and Medi-Cal Funds – Federal (Title XIX) and enter the total.

The entries made in Column D for Total Budget and Column K for Total Funds must be the same.

Column J –State-Only Budget

25) State General Funds

Enter the Total Budget amount from Column C entitled State-Only Budget of the Category section in Column J.

26) Total Funds

Enter the State General Funds amount for Total Funds.

The entries made in Column C for Total Budget and Column J for Total Funds must be the same.

Column I – Total Budget

27) State General Funds

Enter the amount from Column J in Column I.

CHDP ADMINISTRATIVE BUDGET SUMMARY
NO COUNTY/CITY MATCH
~ INSTRUCTIONS ~

The entries made in Columns I and J must be the same.

28) Medi-Cal Funds – State

Enter the amount for Medi-Cal Funds – State from Column K in Column I.

The entries made in Columns I and K must be the same.

29) Medi-Cal Funds – Federal (Title XIX)

Enter the amount for Medi-Cal Funds – Federal (Title XIX) from Column K in Column I.

The entries made in Columns I and K must be the same.

30) Total Funds

Add the entries made in Column I and enter the result.

The entries made in Column B for Total Budget and Column I for Total Funds must be the same.

Each entry made in Column I must equal the sum of the corresponding entries made in Columns J and K.

Prepared by

31) Enter the name of the individual who prepared the Budget Summary.

Date Prepared

32) Enter the date that the Budget Summary was prepared.

Telephone Number

33) Enter the telephone number of the individual who prepared the Budget Summary.

CHDP Director or Deputy Director Signature

34) Affix the signature of the CHDP Director or Deputy Director as an indication of approval for the Budget Summary.

CHDP ADMINISTRATIVE BUDGET SUMMARY
NO COUNTY/CITY MATCH
~ INSTRUCTIONS ~

Signature Date

35) Enter the date that the CHDP Director or Deputy Director signed the Budget Summary.

Telephone Number

36) Enter the telephone number of the CHDP Director or Deputy Director.

CALIFORNIA DEPARTMENT OF HEALTH SERVICE
CHILDREN MEDICAL SERVICES
CHILD HEALTH AND DISABILITY PREVENTION (CHDP) PROGRAM
TABLE 2-2
FY 2003-2004 TARGET POPULATION ESTIMATE

County	Medi-Cal Under 21	Medi-Cal Percent	CHDP Gateway Under 19	CHDP Gateway Percent	Total Children
ALAMEDA	81,713	62.7%	48,656	37.3%	130,369
ALPINE	126	73.6%	45	26.4%	171
AMADOR	1,343	55.9%	1,057	44.1%	2,400
BUTTE	21,285	65.4%	11,264	34.6%	32,549
CALAVERAS	2,449	57.2%	1,829	42.8%	4,278
COLUSA	2,205	53.3%	1,933	46.7%	4,138
CONTRA COSTA	44,103	65.1%	23,593	34.9%	67,696
DEL NORTE	3,446	64.5%	1,895	35.5%	5,341
EL DORADO	5,810	47.5%	6,433	52.5%	12,243
FRESNO	135,442	68.9%	61,130	31.1%	196,572
GLENN	3,037	55.6%	2,425	44.4%	5,462
HUMBOLDT	11,160	62.6%	6,654	37.4%	17,814
IMPERIAL	20,534	57.5%	15,183	42.5%	35,717
INYO	1,228	57.2%	919	42.8%	2,147
KERN	89,115	64.6%	48,818	35.4%	137,933
KINGS	14,746	57.6%	10,852	42.4%	25,598
LAKE	6,201	65.2%	3,310	34.8%	9,511
LASSEN	2,327	59.5%	1,581	40.5%	3,908
LOS ANGELES	1,115,227	68.8%	505,446	31.2%	1,620,673
MADERA	16,458	64.4%	9,080	35.6%	25,538
MARIN	4,762	51.7%	4,444	48.3%	9,206
MARIPOSA	1,066	57.0%	804	43.0%	1,870
MENDOCINO	8,418	63.1%	4,918	36.9%	13,336
MERCED	35,276	64.9%	19,046	35.1%	54,322
MODOC	928	60.7%	600	39.3%	1,528
MONO	506	52.3%	461	47.7%	967
MONTEREY	33,403	56.9%	25,327	43.1%	58,730
NAPA	4,898	54.3%	4,129	45.7%	9,027
NEVADA	3,092	48.9%	3,230	51.1%	6,322
ORANGE	156,313	61.9%	96,118	38.1%	252,431
PLACER	7,359	46.4%	8,485	53.6%	15,844
PLUMAS	1,180	55.3%	953	44.7%	2,133
RIVERSIDE	128,782	59.7%	86,828	40.3%	215,610
SACRAMENTO	134,228	70.5%	56,233	29.5%	190,461
SAN BENITO	3,000	51.7%	2,800	48.3%	5,800
SAN BERNARDINO	180,519	64.0%	101,642	36.0%	282,161
SAN DIEGO	167,508	54.2%	141,345	45.8%	308,853
SAN FRANCISCO	36,558	58.1%	26,409	41.9%	62,967
SAN JOAQUIN	63,629	63.9%	35,885	36.1%	99,514
SAN LUIS OBISPO	12,032	55.1%	9,808	44.9%	21,840
SAN MATEO	20,280	53.8%	17,443	46.2%	37,723
SANTA BARBARA	29,148	62.9%	17,210	37.1%	46,358
SANTA CLARA	70,391	59.1%	48,811	40.9%	119,202
SANTA CRUZ	13,333	57.0%	10,062	43.0%	23,395
SHASTA	16,173	61.4%	10,154	38.6%	26,327
SIERRA	176	55.9%	139	44.1%	315
SISKIYOU	4,274	61.1%	2,724	38.9%	6,998
SOLANO	22,898	59.9%	15,357	40.1%	38,255
SONOMA	17,465	53.0%	15,458	47.0%	32,923
STANISLAUS	50,591	62.5%	30,369	37.5%	80,960

- Revised Page -

CALIFORNIA DEPARTMENT OF HEALTH SERVICE
CHILDREN MEDICAL SERVICES
CHILD HEALTH AND DISABILITY PREVENTION (CHDP) PROGRAM
TABLE 2-2
FY 2003-2004 TARGET POPULATION ESTIMATE

County	Medi-Cal Under 21	Medi-Cal Percent	CHDP Gateway Under 19	CHDP Gateway Percent	Total Children
SUTTER	7,895	61.0%	5,040	39.0%	12,935
TEHAMA	6,090	61.8%	3,761	38.2%	9,851
TRINITY	1,032	57.0%	780	43.0%	1,812
TULARE	64,706	66.8%	32,171	33.2%	96,877
TUOLUMNE	3,027	57.0%	2,284	43.0%	5,311
VENTURA	44,772	63.0%	26,300	37.0%	71,072
YOLO	12,409	60.8%	8,010	39.2%	20,419
YUBA	9,090	59.1%	6,293	40.9%	15,383
CITY OF BERKELEY	6,185	62.7%	3,683	37.3%	9,867
CIRY OF LONG BEACH	57,269	68.8%	25,954	31.2%	83,223
CITY OF PASADENA	16,802	68.9%	7,573	31.1%	24,375
TOTAL	**3,035,418**	**64.4%**	**1,681,146**	**35.6%**	**4,716,564**

Definitions	Columns 1 and 2: Medi-Cal refers to number of children and the percent of children, up to 21 years of age, who are enrolled in the Medi-Cal program and have an assigned Medi-Cal aid code.
	Columns 3 and 4: CHDP Gateway refers to the number of children and percent of children who are under age 19 and in low-income families who are presumptively eligible for Medi-Cal through CHDP Gateway enrollment.
Data Sources and Notes for Medi-Cal Target Population	Medi-Cal target population derived from Medical Care Statistics, Department of Health Services, Table 17, Medi-Cal Program Persons Certified Eligible by County, Sex, and Age, October 2001.
	Medi-Cal Funded Births by Beneficiary County: Medi-Cal funded deliveries, Calendar year 2000, Table 7.
Data Sources and Notes for CHDP Gateway Target Population	Poverty level between 100-200% FPL used was 1990 Census.
	Finance Department, Demographic information, data file, 2002.
	The numbers derived from population estimates for 1/1/2002 by the Department of Finance in its report E-1Table. Berkeley=0.070362, Alameda=0.9296381, Long Bench=0.04815, Pasadena=0.014127, Los Angeles=0.937772.

4/30/03

STATE OF CALIFORNIA
DEPARTMENT OF HEALTH SERVICES
REPORT C-1B
SUMMARY OF SCREENS BY FUNDING SOURCE
JULY 1, 2001 THROUGH JUNE 30, 2002

COUNTY CODE #	COUNTY NAME	FUNDING SOURCE							TOTAL PAID	TOTAL DOLLAR PAID
		11	12	21	22	31	32	99		
01	ALAMEDA	11,915	2	25,515	2	2	23,608	4,325	37,434	$1,893,475
02	ALPINE	161	5	270	2	0	157	43	438	$21,009
03	AMADOR	1,150	18	1,015	16	2	314	103	2,199	$99,566
04	BUTTE	18,088	7	6,047	19	0	3,118	767	24,161	$988,982
05	CALAVERAS	1,121	2	1,394	12	1	1,290	256	2,529	$132,285
06	COLUSA	1,767	1	1,754	7	0	1,034	776	3,529	$166,546
07	CONTRA COSTA	3,322	9	6,869	85	57	23,069	3,548	10,285	$609,216
08	DEL NORTE	628	7	441	78	1	1,000	63	1,154	$58,901
09	EL DORADO	3,453	7	3,688	31	1	324	472	7,179	$299,914
10	FRESNO	16,290	7	34,596	75	3	86,504	2,765	50,968	$2,592,517
11	GLENN	1,781	1	1,452	2	0	919	181	3,236	$145,757
12	HUMBOLDT	2,377	16	3,603	338	1	4,150	445	6,334	$298,277
13	IMPERIAL	8,701	80	14,367	65	4	76	909	23,213	$1,144,967
14	INYO	654	36	595	52	1	253	75	1,337	$67,358
15	KERN	14,018	21	36,072	118	6	47,838	3,611	50,229	$2,148,434
16	KINGS	4,048	19	3,885	40	4	216	349	7,992	$411,954
17	LAKE	1,813	13	1,373	16	0	141	316	3,215	$160,844
18	LASSEN	270	12	311	74	2	866	146	667	$36,188
19	LOS ANGELES	109,657	2	578,677	155	0	333,958	32,657	688,491	$39,364,737
20	MADERA	15,221	5	7,274	11	0	107	561	22,511	$1,098,370
21	MARIN	987	1	1,894	5	0	3,012	156	2,887	$158,718
22	MARIPOSA	199	8	136	7	1	171	26	350	$16,737
23	MENDOCINO	3,333	72	2,940	87	4	781	421	6,432	$330,988
24	MERCED	22,568	36	9,505	25	5	1,940	1,430	32,134	$1,568,111
25	MODOC	330	21	271	17	3	27	45	639	$33,060
26	MONO	479	2	456	10	0	14	59	947	$47,864
27	MONTEREY	573	0	18,558	6	6	397	1,270	19,137	$987,177
28	NAPA	356	0	2,169	12	0	3,767	138	2,537	$137,083
29	NEVADA	2,349	1	1,150	0	1	49	282	3,500	$173,594
30	ORANGE	2,936	0	119,986	17	2	152,088	4,122	122,939	$6,763,107
31	PLACER	5,765	1	3,896	2	1	129	939	9,664	$424,392
32	PLUMAS	268	13	347	32	15	453	56	660	$30,594
33	RIVERSIDE	21,093	23	69,236	3	0	21,252	4,195	90,355	$5,091,399
34	SACRAMENTO	19,286	5	15,918	25	2	64,954	3,407	35,234	$1,864,399
35	SAN BENITO	1,304	3	3,108	4	1	725	448	4,419	$203,344
36	SAN BERNARDINO	35,951	41	78,882	62	54	30,137	5,620	114,936	$6,429,268
37	SAN DIEGO	27,303	4	85,802	94	8	97,777	6,592	113,203	$5,698,588
38	SAN FRANCISCO	1,793	2	8,440	92	0	21,198	1,058	10,327	$479,331
39	SAN JOAQUIN	9,259	3	21,660	84	1	35,575	1,350	31,006	$1,377,023
40	SAN LUIS OBISPO	9,050	1	4,371	3	0	870	1,413	13,425	$563,985
41	SAN MATEO	20,340	74	15,885	50	1	102	3,047	36,349	$1,729,734
42	SANTA BARBARA	27,672	112	15,440	26	4	131	1,482	43,250	$2,032,440

STATE OF CALIFORNIA
DEPARTMENT OF HEALTH SERVICES
REPORT C-1B
SUMMARY OF SCREENS BY FUNDING SOURCE
JULY 1, 2001 THROUGH JUNE 30, 2002

COUNTY CODE #	COUNTY NAME	FUNDING SOURCE							TOTAL PAID	TOTAL DOLLAR PAID
		11	12	21	22	31	32	99		
43	SANTA CLARA	12,225	2	21,389	14	4	40,058	2,868	33,630	$1,548,310
44	SANTA CRUZ	414	0	8,687	84	32	25,301	859	9,185	$401,071
45	SHASTA	5,748	59	3,651	40	23	875	466	9,498	$388,399
46	SIERRA	83	2	51	2	0	27	19	138	$6,871
47	SISKIYOU	2,594	15	1,171	12	2	21	872	3,792	$179,138
48	SOLANO	504	0	5,512	17	0	13,745	691	6,033	$302,035
49	SONOMA	11,759	2	6,448	17	0	80	1,111	18,226	$897,293
50	STANISLAUS	22,446	147	20,268	231	0	9,558	2,620	43,092	$2,016,460
51	SUTTER	2,836	16	2,006	10	0	701	321	4,868	$252,649
52	TEHAMA	4,130	8	2,187	36	3	323	296	6,361	$307,184
53	TRINITY	258	1	218	7	1	24	53	484	$26,063
54	TULARE	3,664	2	16,595	89	9	32,926	1,285	20,350	$1,138,073
55	TUOLUMNE	2,671	9	675	10	3	45	102	3,365	$129,914
56	VENTURA	42,914	39	21,886	38	1	79	2,635	64,877	$2,705,085
57	YOLO	588	1	4,346	3	0	9,253	365	4,938	$187,292
58	YUBA	2,603	27	2,026	7	3	1,154	250	4,663	$198,969
59	BERKELEY	128	0	294	0	0	257	54	422	$23,082
62	LONG BEACH	6,126	1	17,701	14	3 2	3,586	1,394	23,842	$1,122,985
63	PASADENA	1,592	2	4,287	66	0	3,625	237	5,947	$283,160
	BLANK	0	0	0	0	1	8	309	0	$0
	UNKNOWN	111	0	69	0	27	13,032	839	180	$8,758
	STATEWIDE TOTALS	**553,023**	**1,026**	**1,348,715**	**2,558**	**303**	**1,119,169**	**107,570**	**1,905,322**	**$100,003,024.00**

FUNDING SOURCE
11 - MEDI-CAL
12 - MEDI-CAL HEADSTART/STATE PRESCHOOL
21 - STATE REIMBURSED
22 - STATE REIMBURSED HEADSTART/STATE PRESCHOOL
31 - INFORMATION ONLY
32 - PHP INFORMATION ONLY
99 - UNPAID CLAIMS, FUNDING SOURCE NOT DETERMINED

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, CHILDREN'S MEDICAL SERVICES BRANCH,
CHILD HEALTH AND DISABILITY PREVENTION (CHDP) PROGRAM, HDHZHEN.C1B.REPORT
PREPARED BY THE DARE UNIT (4/20/01)

Summary of screens by Medi-Cal Managed Care Plans 2001 - 2002

Information will be sent electronically as soon as it is available

CHDP Active Providers - County by Provider Type as September 2002

County	Total	*Provider Type																					
		1	2	3	4	5	8	9	10	12	13	14	15	21	22	23	24	25	26	27	30	50	99
ALAMEDA	107	2	2			1	1		2	23	53				16			2	3	2			
ALPINE	2													1			1						
AMADOR	12		1								8				3								
BUTTE	28		3							2	12			1	9					1			
CALAVERAS	13		1								5			1	6								
CITY-BERKELEY	19			1						6	8			2	2								
CITY-LONG BEACH	51		2	1		3		5		14	21				1			2	2				
CITY-PASADENA	25					1		1		6	12							4		1			
COLUSA	7									1	1			1	4								
CONTRA COSTA	49							1	2	18	13				10			3	1	1			
DEL NORTE	5									1	1				3								
EL DORADO	21		1					1		10	4			2	2							1	
FRESNO	121							3	2	26	60			1	25	1	1	1	1				
GLENN	10									1	3			1	5								
HUMBOLDT	51		2							3	19			1	24	1			1				
IMPERIAL	19									3	9			1	5		1						
INYO	8		1							1	2			1	3								
KERN	78	1			1	1			2	16	29			1	19	1			3	3		1	
KINGS	46							2		10	17			1	12	1	1		1			1	
LAKE	25						1			5	9			2	8								
LASSEN	11									2	4				5								
LOS ANGELES	1,111	3	3			3		12	3	340	544	1		44	28	1	1	41	58	28		1	
MADERA	20									4	5			1	8				2				
MARIN	30								1	10	13			1	4					1			
MARIPOSA	4													1	3								
MENDOCINO	35							1		1	15			1	15					2			
MERCED	53		1							12	24			1	12				1	2			
MODOC	9										6				2		1						
MONO	2									1					1								
MONTEREY	39	1				2			1	7	11		1		13			2	1				
NAPA	21		1	1					1	6	8			1		1		2					
NEVADA	18									10	5	1		1	1								
ORANGE	324		1			4		7	1	19	78				3		1	5	10	6	189		
PLACER	28									10	12			2	2			1	1				
PLUMAS	18		3					1			9				4	1							
RIVERSIDE	135	1						1	2	39	72	1		8	4	1	1	2	1	2			
SACRAMENTO	228			1		4		4	5	69	125			1	2			9	7	1			

CHDP Active Providers - County by Provider Type as September 2002

County	Total	*Provider Type																					
		1	2	3	4	5	8	9	10	12	13	14	15	21	22	23	24	25	26	27	30	50	99
SAN BENITO	8										5			1	2								
SAN BERNARDINO	217	1	2			1		5	2	73	112	1		4	3	1		6	3	3			
SAN DIEGO	217		3	1				1	8	65	82			1	37		1	7	5	6			
SAN FRANCISCO	96		4	2				1	2	13	43			2	17			5	4	3			
SAN JOAQUIN	68	1	1			1			2	17	37				2			3	2	2			
SAN LUIS OBISPO	25	1								4	14			2	1	1				1		1	
SAN MATEO	36									9	15				7	1		2	2				
SANTA BARBARA	52									9	24			1	11	1		5		1			
SANTA CLARA	123		1	1		1			2	7	80				10			16	3	2			
SANTA CRUZ	42		1					1	1	15	14				3	2		4		1			
SHASTA	28		1							3	12	1		1	10								
SIERRA	3		1											1	1								
SISKIYOU	19									2	5			1	9			2					
SOLANO	33								1	12	14			1	1	1		2	1				
SONOMA	67		2	1					2	15	31	1		2	8	2		2	1				
STANISLAUS	60								1	8	25	1		1	13			9	2				
SUTTER	18			1			1	1		1	7			1	4	1		1					
TEHAMA	17		1							4	5			1	5	1							
TRINITY	8	1									5				2								
TULARE	72						1	1	2	9	23			2	29			1	2	2			
TUOLUMNE	8	1	1								2			1	3								
UNKNOWN	5																		2				3
VENTURA	55	1	4	1						11	26				8	1		1		2			
YOLO	18		1						1	11	1			2		1		1					
YUBA	14							1		4	2			1	5	1							
Total	**4,092**	14	45	11	1	22	4	50	46	968	1,801	7	1	108	452	23	7	142	121	72	189	5	3

CHDP Active Providers - County by Provider Type as September 2002

County	Total	*Provider Type																							
		1	2	3	4	5	8	9	10	12	13	14	15	21	22	23	24	25	26	27	30	50	99

* Provider Type: 1 - County Hospital - Outpataient Clinic
2 - Community Hospital - Outpatient Clinic
3 - Organized Outpatient Clinic - Other Than Hospital
4 - OEO Clinic - Funding From Office of Economic Opportunity
5 - Private Hospital
8 - Daycare
9 - School
10 - Prepaid Health
12 - Physicians Group Practice
13 - Physicians Solo Practice
14 - Family Nurse Practitioner
15 - Pediatric Nurse Practitioner
21 - County Health Department Clinic
22 - Rural Health Clinic
23 - Headstart/State Preschool Program
24 - Indian Health Clinic
25 - Community Clinic
26 - Clinic Labs - Lead
27 - Clinic Labs - Other
30 - Caloptima
50 - Other
99 - Unknown